

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SS	TCM	1/9 0178-C1
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	1/9
2	✓	✓	1/9
3	✓	✓	1/9
4	✓	✓	1/9
5	✓	✓	1/9
6	✓	✓	1/9
7	✓	✓	1/9
8	✓	✓	1/9
9	✓	✓	1/9
10	✓	✓	1/9
11	✓	✓	1/9
12	✓	✓	1/9
13	✓	✓	1/9
14	✓	✓	1/9
15	✓	✓	1/9
16	✓	✓	1/9
17	✓	✓	1/9
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30	✓	✓	1/9
31	✓	✓	1/9
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43	✓	✓	1/9
44	✓	✓	1/9
45	✓	✓	1/9
46	✓	✓	1/9
47	✓	✓	1/9
48	✓	✓	1/9
49	✓	✓	1/9
50	✓	✓	1/9

Claim	Final	Original	Date
51	✓	✓	1/9
52	✓	✓	1/9
53	✓	✓	1/9
54	✓	✓	1/9
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56	✓	✓	1/9
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96	✓	✓	1/9
97	✓	✓	1/9
98	✓	✓	1/9
99	✓	✓	1/9
100	✓	✓	1/9

Claim	Final	Original	Date
101	✓	✓	1/9
102	✓	✓	1/9
103	✓	✓	1/9
104	✓	✓	1/9
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144	✓	✓	1/9
145	✓	✓	1/9
146	✓	✓	1/9
147	✓	✓	1/9
148	✓	✓	1/9
149	✓	✓	1/9
150	✓	✓	1/9

Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)